

CALIFORNIA GAMBLING CONTROL COMMISSION

Physical Address: 2399 Gateway Oaks Drive, Suite 100 • Sacramento, CA 95833-4231

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**Tribal-State Compact Gaming Device Certification Form**

Section 1 – General Information

Name of Tribe _____

Mailing Address _____

City, State, Zip Code _____

Section 2 – Quarterly Gaming Device Information

Enter the highest number of gaming devices operated on any given day during the period.

<u>Quarterly Period (Check One)</u>	<u>Maximum Number of Gaming Devices Operated</u>
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☐ July 1, 2006 – September 30, 2006☐ October 1, 2006 – December 31, 2006☐ January 1, 2007 – March 31, 2007☐ April 1, 2007 – June 30, 2007

Section 3 – Certification**Certification Statement:** The information reported above is, to the best of my knowledge and belief, true, correct, and complete.

Signature _____ Title _____ Date _____

Printed Name _____

NOTE: Please do NOT complete this form until AFTER the end of each quarter.